



COLORADO

Department of Education

2025-2026

CDE Health Data Report Worksheet

Link to form (save and return): <https://fs24.formsite.com/305medicaid/form4/index.html>

Question	Answer
Name of Local Education Provider (LEP). <i>Please spell out full name of District, BOCES, Charter School, or Non-Public School reporting.</i>	
If charter school, are you under the authority of a public school district or Charter School Institute (CSI). <i>Choose N/A if you are not reporting for a Charter School.</i>	<i>Select One:</i> Public School District <input type="checkbox"/> Charter School Institute <input type="checkbox"/> N/A - Not a Charter School <input type="checkbox"/> Unsure <input type="checkbox"/>
Region of Colorado Find at https://ed.cde.state.co.us/cdeedserv/rgasmnts	<i>Select One:</i> Northwest <input type="checkbox"/> North Central <input type="checkbox"/> Northeast <input type="checkbox"/> West Central <input type="checkbox"/> Southwest <input type="checkbox"/> Southeast <input type="checkbox"/> Metro <input type="checkbox"/> Pikes Peak <input type="checkbox"/>
Name of person submitting report	
Email of person submitting report	

School Health Staffing	Please use only Numbers with decimals, no fractions
1. Number of enrolled students (Official October count) Find at https://www.cde.state.co.us/cdereval/pupilcurrent	
2. Total number of RN FTE, (full time equivalents) with assigned caseload providing direct services	
3. Total number of LPN/LVN FTEs with an assigned caseload providing direct services	
4. Total number of health aid (non-RN non-LPN/LVN) FTEs with an assigned caseload providing direct services	
5. Total number of supplemental/float RN FTEs	

School Health Staffing	Please use only Numbers with decimals, no fractions
6. Total number of supplemental/float LPN/LVN FTEs	
7. Total number of supplemental/float health aide (non-RN non LPN/LVN) FTEs providing direct services	
8. Total number of RNs with special assignment FTEs	
9. Total number of LPN/ LVNs with special assignment FTEs	
10. Total number of health aide (non-RN, non-LPN/LVN) with special assignment FTEs	
11. Total number of RN FTEs providing administrative/supervisory support	
12. Total number of LPN/LVN FTEs providing administrative/supervisory support	
13. Total number of assistant FTEs providing administrative support services to RNs or LPNs/LVNs	
14. Total number of Private Duty Nurses paid by LEP, (do not include in question # 2)	
15. Total number of Private Duty Nurses provided by family, (do not include in question # 2)	

CDE Reportable Health Conditions	Total Number: Please use only numbers with decimals, no fractions
Did all schools in the district report health conditions? (This includes non-public schools and charters with multiple schools)	Yes <input type="checkbox"/> No <input type="checkbox"/> If NO , indicate total enrollment for schools that reported health conditions: ____
Life Threatening Allergies (Anaphylaxis) – only include those with health care provider diagnosis	
Diabetes Type 1, (only include those with health care provider diagnosis)	
Diabetes Type 2, (only include those with health care provider diagnosis)	
Asthma, (only include those with health care provider diagnosis)	
Seizure disorder, (only include those with health care provider diagnosis)	
Head Injury, closed (e.g. TBI, concussion)	

CDE Reportable Health Conditions	Total Number: Please use only numbers with decimals, no fractions
Mental or Behavioral Conditions (e.g., anxiety, depression, suicidal ideation)	
Medically fragile, (e.g. high acuity)	
ADD/Attention Deficit Disorder	
Autism	
Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS)	
Technical Nursing Procedure (e.g. g-tube)	

Nursing Activities	Total Number: Please use only numbers with decimals, no fractions
Number of students screened for vision	
Number of students referred for vision	
Number of students screened for hearing	
Number of students referred for hearing, (to doctor or audiologist)	
Do you do BMI screening?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you do Oral Health screening?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your district have a Medical Advisor?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your LEP have a policy that allows stock Epinephrine?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your LEP have a policy that allows stock Albuterol?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your LEP have a policy that allows stock Naloxone, (Narcan) at your secondary schools?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your LEP have a policy on administering Medical Marijuana related to Jack's Law? (Parent/caregiver provides)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your LEP have a policy on administering Medical Marijuana	Yes <input type="checkbox"/>

Nursing Activities	Total Number: Please use only numbers with decimals, no fractions
related to Quentin's Law? (School staff may provide)	No <input type="checkbox"/>
What is the name of your electronic student educational record system? (i.e. Infinite Campus (IC) PowerSchool, Edustar)	
Does your school's electronic student educational record system include a school health record component?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your school use an electronic school health record system (i.e CareDox, Magnus, SNAP, Health Office Anywhere)? This would be a system that is separate from your student education record system.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Provide the name of your electronic school health record system (if you do not have an electronic health record system, type N/A)	

School nurses support learning by keeping students in school ready to learn.

*Data definitions on the accompanying page must be used in your data collection and reporting!